

**Department of Health and Human Services  
National Institutes of Health  
National Institute of Nursing Research  
Minutes of the National Advisory Council for Nursing Research**

January 24–25, 2006

The 58th meeting of the National Advisory Council for Nursing Research (NACNR) was convened on Tuesday, January 24, 2006, at 1:05 p.m. in Conference Room D, Building 45, at the National Institutes of Health (NIH), in Bethesda, Maryland. The first day of the meeting adjourned at approximately 5:35 p.m. The open session of the meeting continued the next day, Wednesday, January 25, 2006, at 9:05 a.m., and was adjourned at 10:00 a.m. The closed session of the meeting, which included consideration of grant applications, was immediately convened and continued until adjournment at 1:00 pm on the same day. Dr. Patricia A. Grady, Chair, NACNR, presided over both sessions.

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**OPEN SESSION**

**I. CALL TO ORDER, OPENING REMARKS, COUNCIL PROCEDURES, AND  
RELATED MATTERS**

Dr. Grady called the 58th meeting of the NACNR to order, welcoming all Council members, visitors, and staff. The full complement of new Council members has been appointed into

Council, with Dr. David Dinges, Professor, Department of Psychiatry, University of Pennsylvania, and Mr. James Linn, Attorney, Lewis, Longman and Walker (based in Tallahassee) in attendance. Dr. Grady noted the retirement of NACNR members Drs. Buerhaus, Burgio, and Sands , whose four-year tenures on the Council ended in 2005. She acknowledged and thanked the outgoing Council members for their service and contributions to NACNR and NINR.

#### Conflict of Interest and Confidentiality Statement

Dr. Mary E. Kerr, Executive Secretary, NACNR, reminded attendees that the standard rules of conflict of interest applied throughout the Council meeting. Briefly, all closed session material is privileged, and all communications from investigators to Council members regarding any actions on applications being considered during the Council should be referred to NINR staff. In addition, during either the open or the closed session of the meeting, Council members with a conflict of interest with respect to any topics or any application must excuse themselves from the room and sign a statement attesting to their absence during the discussion of that application. Dr. Kerr also reminded NACNR members of their status as special Federal employees while serving on the Council, and that the law prohibits the use of any funds to pay the salary or expenses of any Federal employee to lobby or otherwise influence State legislatures or Congress. Specific policies and procedures were reviewed in more detail at the beginning of the closed session and were available in Council notebooks.

### Minutes of Previous NACNR Meeting

Standing Council members received a copy of the minutes of the September 13–14, 2005, NACNR meeting by electronic mail. No changes or corrections to the minutes of the September 2005 Council meeting were suggested during the January meeting. A motion to approve the minutes of the September 13–14, 2005 Council meeting as circulated was proposed and seconded. The minutes of each quarterly NACNR meeting are posted on the NINR Website (<http://ninr.nih.gov/ninr>).

### Dates of Future Council Meetings

Dates of future meetings in 2006 and 2007 have been approved and confirmed. Council members should contact Dr. Grady or Dr. Kerr regarding any conflicts or expected absences.

#### 2006

- May 24–25 (Wednesday–Thursday)
- September 26–27 (Tuesday–Wednesday)

#### 2007

- January 23–24 (Tuesday–Wednesday)
- May 22–23 (Wednesday–Thursday)
- September 25–26 (Tuesday–Wednesday)

## II. REPORT OF THE DIRECTOR, NINR (Dr. Patricia Grady, Director, NINR)

The Director's report focused on updates since the last Council meeting and on current and impending activities and initiatives related to the budget, NIH, and NINR.

**Budget Updates**—Congress approved an NIH appropriation for fiscal year 2006 (FY06) of \$28.5 billion, which represents a 0.12 percent decrease from FY05. The final 2006 appropriation is NIH's first decrease since 1970. The NINR budget for FY06 is \$137,342,000, compared with \$138,072,000 for FY05. NINR's change in appropriation is similar to most other ICs.

The NIH Financial Policy for Grant Awards for FY06 was announced on January 9, 2006 (<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-06-025.html>) with the following provisions:

- Non-competing awards for research project grants (RPGs) will be awarded at 97.65 percent of the amount indicated for the FY06 budget period in the Notice of Grant Award for the previous budget year. The amounts indicated for future budget periods also will be adjusted by the same factor.
- Non-competing awards previously issued in FY06 at reduced levels up to 80 percent of the amount previously indicated will be revised to provide a restoration of funds to the 97.65 percent level. This translates to a 2.35 percent cut of award notice. Amounts indicated for future budget periods will be adjusted as well.

NINR budget projected allocations for FY06 include 74 percent for RPGs, 7 percent for the Centers Program, and 7 percent for pre- and postdoctoral training. The percent of NINR budget allocated for training is about double the average percent of NIH budget allocated for training. Research management and support (RMS), which represents NINR's overhead for grants, management, review and operating expenses, accounts for 6 percent of the FY06 budget; intramural funding accounts for two percent; and R&D contracts, including SBIR/STTR programs accounts for three percent.

In FY05, NINR experienced a slight decrease in non-competing awards, which allows for a greater increase in competing awards. The number of full-time training positions was decreased largely due to the increase in stipends for pre- and post-doctoral positions. Overall the institute projects a success rate between 20-25 percent which means it anticipates support of 1 out of 4-5 applications it receives.

**NIH Updates**—Dr. Grady reported on the new Office of Portfolio Analysis and Strategic Initiatives (OPASI) that will coordinate the assessment and management of the overall portfolio of NIH-funded research. OPASI's mission is to: (1) provide ICs with the methods and information necessary to improve management of their large and complex scientific portfolios; (2) identify important areas of emerging scientific opportunities or rising public health challenges; (3) assist in acceleration of investments in these areas; and (4) coordinate and make more effective use of the NIH-wide evaluation process. Projects approved by a Council of

Councils (representatives from all IC advisory boards) will be funded for an initial 5-year term, with annual reviews. No initiative will be funded for more than 10 years.

Another NIH-wide initiative, eRA, has been launched for R15s, with the goal of transitioning to electronic submission and review of all grant applications. Additional information may be found at <http://era.nih.gov/ElectronicReceipt/> and <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-05-067.html>. NIH is progressing on the development of criteria for multiple Principal Investigators (PIs) on an individual project or grant. There is growing consensus that team science would be encouraged if more than one PI could be recognized on individual awards. The multiple-PI option is intended to supplement, and not to replace, the traditional single PI model. The overarching goal is to maximize the potential of team science efforts that are responsive to the challenges and opportunities of the 21st century. More information on this program is available at [http://grants1.nih.gov/grants/multi\\_pi/index.htm](http://grants1.nih.gov/grants/multi_pi/index.htm).

Dr. Antonio Scarpa, the new Director of the NIH Center for Scientific Review (CSR), recently published an essay on NIH's peer review process, a two-tiered process, that generally takes 9 months. The slowing growth of NIH funding is creating more competitive pressure for grant applications; applications, in turn, are becoming more conservative. In an effort to address these issues and challenges, CSR is taking steps to modify this process to attract the best reviewers and make the review process faster and more convenient. Changes include experimenting with electronic means for discussion and review, posting summary statements within one month after study sections (instead of two–three months), and piloting the process to shorten the review process by one and one half months.

Dr. Grady also reported on the Interdisciplinary Centers of the NIH Roadmap Workshop, to be held on the NIH Campus on February 9–10, 2006. As science has advanced over the past decade, two fundamental themes have become apparent: (1) the study of human biology and behavior is a dynamic process, and (2) the traditional divisions within biomedical research may impede the pace of scientific discovery. PIs for the 21 currently funded interdisciplinary research centers, along with other experts, will describe their attempts to build teams of investigators from different disciplines. Speakers will describe successes as well as continuing and future challenges and research directions. The Interdisciplinary Research Consortia Program Announcements (PAs) were published on January 20, 2006. The pre-application PA is available at <http://grants1.nih.gov/grants/guide/pa-files/PAR-06-122.html>, with pre-applications due April 18, 2006. The full consortium program request for applications (RFAs) is available at <http://grants.nih.gov/grants/guide/rfa-files/RFA-RM-06-008.html>.

NIH Director, Dr. Elias Zerhouni, announced the opening of the 2006 NIH Director's Pioneer Award Program. The Pioneer Award supports individual scientists, and nurse scientists are encouraged to apply for this excellent opportunity. Other PAs may be found at <http://nintr.nih.gov/nintr/research/dea/PARFAPage.html#currentpa>.

The NIH *Public Trust Initiative* (PTI) is an NIH-wide committee with representatives from all ICs and the Office of the Director. The group is co-chaired by Dr. Grady and Dr. Yvonne Maddox, Deputy Director, National Institute of Child Health and Human Development (NICHD). The mission of the PTI is to enable the public to understand and have full confidence

in the research that NIH conducts and supports across the country and throughout the world. One of the first activities of the PTI involved conducting a full inventory of current activities across NIH. The group's current focus is on identifying standard uniform data on each activity to produce a user-friendly inventory that promotes the successful experiences of colleagues across ICs. The NIH Council of Public Representatives (COPR), working with the PTI, has explored ways to foster community involvement in clinical research; the group's recommendations may be found at

[http://copr.nih.gov/reports/October\\_2004\\_COPR\\_WORKSHOP\\_Proceedings.pdf](http://copr.nih.gov/reports/October_2004_COPR_WORKSHOP_Proceedings.pdf). Additional information about the PTI may be found at <http://publictrust.nih.gov>.

Dr. Grady attended the 98th National Founder's Day weekend in Jackson, Mississippi over the Martin Luther King, Jr. holiday weekend, and participated in a roundtable discussion with Dr. Maddox and other NIH leaders. The event highlighted Alpha Kappa Alpha Sorority's (AKA) long-term commitment to providing health services to African Americans and served to mark a new phase in the relationship between AKA and the NIH. AKA is striving to bring the health education materials and messages from the NIH to its diverse membership and to the people of Mississippi, particularly in African-American communities. The event also dovetails the overall goal of the PTI of increasing public recognition and trust in the NIH in overseeing the funding and conduct of research to improve the health of the nation.

**NINR Updates and Outreach**—NINR's 20th Anniversary Celebration began on October 11, 2005, with the symposium, "Nursing Research: Changing Practice, Changing Lives." NINR Distinguished Leadership Awards were presented to past NINR Directors, including Drs. Doris



Merritt, Ada Sue Hinshaw, and Suzanne Hurd. Panel discussion topics included end-of-life, HIV/AIDS and health disparities, harnessing technology, and symptom management and health promotion. Dr. Zerhouni provided remarks on the progress of nursing research. The celebration continued on the evening of October 11, with the Friends of the NINR Nightingala event, “Nursing Research: Advancing the Health of America.” The keynote speaker for this event was Mr. Bill Novelli, Director and CEO of the American Association of Retired Persons. In November, NINR sponsored a special session, “The Emergence of Nursing Science as an Academic Discipline,” as part of the 20th Anniversary Panel Presentation at the American Academy of Nursing’s Annual Conference in Scottsdale, Arizona. Dr. Geraldene Felton, one of the AAN Living Legends and former Dean of the University of Iowa, shared her experiences in nursing research before and during the first 20 years of NINR.

As part of the anniversary celebration, a Staff Training in Extramural Programs: Science for All (STEP) training on December 8, 2005 entitled, “One Guarantee in Life—Death: Demystifying the Process,” explored issues surrounding death and dying. In addition, NINR has organized panel presentations at each of the four 2006 regional nursing research meetings that will explore lessons learned in effective mentoring. The NINR-NIH Clinical Center Joint Collaborative Conference entitled, “Celebrating Nursing Science: The Research-Practice Link,” is scheduled for Friday, June 16, 2006, at the Masur Auditorium in the NIH Clinical Center. NINR’s year-long anniversary celebration will culminate on October 11, 2006, with the 2006 NINR 20th Anniversary Symposium, which will be held in conjunction with the 2006 National State of the Science in Nursing Research.

As part of the Institute's outreach efforts, staff continue to track NINR-supported researchers' publications. As in prior years, roughly one-half of all articles captured in 2004 from NINR-funded investigators were published in traditionally non-nursing journals. The importance of publishing results to stimulate scientific progress was underscored.

Two recent NINR sponsored workshops, "Cultural Dynamics in HIV/AIDS Biobehavioral Research: Focus on Young People," held on September 15–16, 2005, and the Council for the Advancement of Nursing Science conference, "Clinical Intervention Research to Improve Health," on October 9–10 2005, were well attended.

The Seventh Annual NINR Summer Genetics Institute (SGI), scheduled for June 5–July 28, 2006. A total of 102 nurses have graduated from the program and are incorporating genetic knowledge into extramural settings across the country. The deadline for SGI applications this year is March 6, 2006. Additional information is available at <http://ninr.nih.gov/research/>.

In investigator news, Dr. Margaret Grey, Dean, Yale School of Nursing, and Dr. Mary Naylor, Marian S. Ware Professor in Gerontology, University of Pennsylvania School of Nursing, have been inducted into the Institute of Medicine (IOM). Dr. Norma Metheny, Dorothy A. Votsmier Endowed Chair in Nursing, Saint Louis University School of Nursing, received the 2005 MEDSURG Nursing Research for Practice Award. The award recognizes Dr. Metheny's work, "Verification of Inefficacy of the Glucose Method in Detecting Aspiration Associated with Tube Feedings," which was published in the April 2005 issue of *MEDSURG Nursing: The Journal of Adult Health*. The Friends of the National Institute of Nursing Research (FNINR) presented Dr.

Linda Phillips, Professor and Director, Arizona Geriatric Education Center, and Co-Director, Arizona Center on Aging, with the *Pathfinder Award*, a prestigious national award given to individuals in recognition of their career achievements in nursing research. Dr. Margaret Heitkemper, Professor at the University of Washington School of Nursing, received the Pfizer Award for Women's Health Research at the FNINR gala last October. Dr. Ada Sue Hinshaw, Dean, University of Michigan School of Nursing, recently received the Institute of Medicine's Walsh McDermott Medal, given to an IOM member for distinguished service over an extended period of time. Dean Hinshaw is the first nurse scholar to ever receive this award.

Recent staff changes at NINR include the departure of Dr. Lauren Aaronson, NINR's Roadmap Liaison since 2003, to return full time to the University of Kansas. Dr. Grady introduced Dr. Raymond Dionne, Scientific Director of the Division of Intramural Research, and Dr. Paul Cotton, Program Director for the NINR research portfolio in health promotion and risk reduction in adults.

### **III. SELF-MANAGEMENT AND TECHNOLOGY TO MAXIMIZE HEALTH**

(Dr. Virginia Carrieri-Kohlman, University of California, San Francisco)

Dr. Carrieri-Kohlman presented on the therapeutic, behavioral, and environmental adjustments that patients and families must undertake with the collaboration and guidance of a health provider to manage symptoms, treatments, physical and social consequences and lifestyle changes inherent in living with a chronic condition. She used a model of dyspnea self-management for those with chronic obstructive pulmonary disease (COPD) and studies of

supporting technologies in this population to demonstrate how self-management improves dyspnea and other clinical outcomes.

NINR supported Dr. Kohlman's research to study the impact of nurse-coached practice for relief of dyspnea on self management and symptom control. Dr. Kohlman examined whether exercise exposure in a safe, monitored environment as a strategy for dyspnea, whether it improves the intensity of dyspnea and the anxiety associated with it, and whether this improvement is greater for patients who receive "nurse coaching" with guided mastery techniques during 12 sessions of exercise. Results for both the monitored and nurse-coached groups indicated that dyspnea intensity and the distress associated with it and with activities of daily living (ADL) decreased. In addition, exercise performance, self efficacy for walking, and self-management strategies all increased.

A second NINR-funded study examined whether increasing the "dose" of exposure to dyspnea during exercise adds to a dyspnea self-management program to improve dyspnea, anxiety with dyspnea, and other multivariate outcomes. This study used three "treatment dose" groups, including the dyspnea self-management program group (DM), which involved only a dyspnea self-management program; an exposure group (DM-EXP), which involved a dyspnea self-management program plus four exercise sessions over 8 weeks; and a training group (DM-TRG), which involved a dyspnea self-management program plus 24 exercise sessions over 8 weeks. Results indicated that home walking improved dyspnea with ADL (the DM-EXP group).

Dr. Carrieri-Kohlman identified issues for the clinical team to address including difficulties associated with recruitment, distinctions between symptom management and disease management, tailoring and personalizing the program, the impact of intervening illnesses on self management and self efficacy, duration of illness and adaptations to disease progression or improvement, extent of family participation, and how to adapt to changes and advances in technology.

Dr. Grady noted that NINR has a strong interest in the area of self management and the many advances and applications of this research, which is pioneering new technologies with practical uses.

#### **IV. UPDATE ON SELF-MANAGEMENT PORTFOLIO (Dr. Karen Huss, NINR)**

Dr. Huss presented an update on NINR's portfolio of self-management. Her presentation indicated that an increase in the level of patients' skills and their subsequent confidence in managing their own health problems may be achieved through education and supportive interventions. She reported on a meta-analysis conducted by Chodosh et al. that evaluated chronic disease self-management programs within and across selected disease conditions. Self-management interventions for diabetes resulted in a significant reduction in hemoglobin A1C and blood glucose with self-management. Hypertension studies revealed a significant reduction in diastolic blood pressure among participants using self-management strategies.

Additional NINR-supported investigations of self-management include:

- “Diabetes in Adolescents: Measuring Self Management” (PA-00-049), which involves development of a self-report measure of self management (SMOD-A), an assessment process for activities and goals of self-management, evaluation of content validity (expert panels), pilot testing an instrument, and determining psychometric properties by field testing.
- “Enhancing Adherence in Type 2 Diabetes” (PA-00-049), which seeks to improve adherence in diabetes using social cognitive theory using new self-monitoring technologies in combination with behavioral interventions.
- “Diabetes Self-Management in Minority Populations: Cognitive Behavioral Intervention in Diabetes Self-Management” (PA-00-113), which will compare cognitive behavioral therapy (CBT) versus usual care in Asian and Pacific Islander Americans with Type 2 diabetes.
- “Improving Asthma Communication in Minority Families: Chronic Illness Self-Management in Children” (PA-03-159), will enroll families of children (ages 6–12) with mild to severe persistent asthma to test an asthma communication intervention designed to enhance self-management in comparison with standard asthma education with the goal of improving clinical care.

As technology becomes an increasing part of day-to-day patient care, it will present new challenges of self management. In turn, the need for better tools for self management is a major driver of the research agendas for technology development and improvement of research methods. Future themes for NINR's self-management research portfolio include enhancement of self-management in chronic disease, promotion of sensitivity to cultural differences, advocating research that drives technology development, enhancement of self management decision making to promote healthy life style choices, and defining self-management behaviors for acute and chronic illnesses.

#### **V. AREAS OF OPPORTUNITY (NINR staff, Council members)**

Areas of research opportunity are presented to Council for review and advice each January. The areas are identified by program directors through literature reviews, portfolio reviews, and scientific presentations at meetings; portfolios are also reviewed for gaps in research.

#### Informal and Formal Caregiving (Drs. Alexis Bakos and. Louis Burgio)

The purpose of this revised PA, "Caregiving Research: Informal and Formal Means of Care," is to continue to stimulate caregiving research by building on two previous PAs to advance the science of informal and formal means of providing care for individuals who are partially or fully dependent on others for their care. Informal caregiving entails providing extraordinary, uncompensated care, usually by family members, which involves significant amounts of time and energy for months or years; it involves tasks that require the performance of tasks that may

be physically, socially, emotionally, and/or financially demanding. Formal caregiving entails skilled or semi-skilled care provided in long-term care institutions such as nursing homes and extended care, respite care, or assisted living facilities. Studies that examine the intersection of formal and informal caregiving and intervention research that considers the feasibility of translation to practice and cost effectiveness are strongly encouraged. An NINR meeting on November 30, 2005 was convened for all interested ICs to discuss the re-issuance of the informal caregiving and long-term caregiving PAs. There was unanimous consensus from those in attendance that there should be one announcement to respond to the integration of informal and formal means of caregiving.

Advancing Technological Research To Improve Patient Outcomes Through the SBIR/STTR Program (Drs. Paul Cotton and John Murray)

The purpose of this initiative is to stimulate research to develop technologies that improve the care and outcomes of individuals across the lifespan. Technology is defined as “monitoring devices, communication systems, and diagnostic, treatment, and rehabilitation aids that may be internet based.” There currently are a small number of NINR-funded research studies in biogenomic assistive technologies under development for use in a variety of settings. However, voids in this research exist, and many areas, such as nanotechnology, remain largely untapped. This initiative will use the SBIR/STTR mechanism to stimulate innovative research, with NINR seeking to target technology developed for nursing science, particularly technologies with clinical applications.



Discussion involved how researchers may take full advantage of the SBIR/STTR mechanism to demonstrate that research findings or technologies can be validated and that patients will use a specific technology. Prospective applicants should be advised to consult with NINR staff, at the very least, before proceeding. It was noted that this program has funding available; thus, clear understanding of the targeted goals and objectives of SBIR/STTR can bolster success.

Health Disparities Research at Minority Serving Institutions (Drs Kathy Mann Koepke and Sandra Millon-Underwood)

This new initiative on health disparities will build on existing programs in NINR's Partnership Centers. With the number of minority nurse scientists having grown through these initiatives and efforts and the fundamental research infrastructure initiated at several minority-serving institutions, NINR is encouraging individual researchers at minority-serving schools to expand their investigators and develop an ongoing, independent research careers in health disparities and minority health research. The AREAs grant mechanism may support developing investigators from non-research intensive schools of nursing in order to: (1) promote the development of minority nurse scientists as independent investigators in health disparities and minority health research; (2) stimulate excellence in this field of research at minority-serving schools of nursing; (3) create a research opportunity for scientists and institutions otherwise unlikely to participate in the extensive NINR research programs; (4) create the research environment for students to

benefit from exposure to and participation in research that encourages pursuit of graduate study in health disparities and minority health research; and (5) advance the science of health disparities and minority health research beyond descriptive studies into more intervention-related studies.

Discussion underscored the potential importance of this mechanism, especially for the junior investigators who have been actively engaged in research and collaborations with senior investigators and institutions through the Partnership Centers. Consideration to expand this program to attract minority nurse scientists at majority institutions that have participated in the Partnership initiatives was suggested.

**VI. PERSPECTIVES FOR THE DOCTORATE IN NURSING PRACTICE** (Dr. Carolyn Williams, Dean and Professor, College of Nursing, University of Kentucky; Dr. Afaf Meleis, University of Pennsylvania)

The Doctorate of Nursing Practice (D.N.P.): An Option for Leadership in Nursing Practice (Dr. Williams)

Dr. Williams presented the proposal of the D.N.P., a post-Master's degree as preparation for the highest level of clinical practice in an area of specialization (e.g., nurse practitioner, public health nurse).

She reviewed the *2005 Report on Nursing Research*, the National Academy of Sciences (NAS) report that calls for a distinction between “the educational needs and goals of nursing as a practice profession that requires practitioners with clinical expertise from nursing as an academic discipline and science that requires independent researchers and scientists to build the body of knowledge.”

Dr. Williams addressed concerns about the D.N.P., including: (1) a potential decline in Ph.D. program enrollment; (2) increased need for faculty resources; and (3) a decline in the overall quality of scholarship in nursing. She addressed ways that the D.N.P. may contribute to the research mission: a) increase the number of nurses who appreciate the importance of research, and can serve as members of research teams, b) provide leadership in research utilization in practice; c) develop partnerships and strengthen the linkages between schools of nursing and clinical practice. Nurses with the D.N.P. can be part of a change in the research mission to alleviate the nursing shortage by assuming more leadership in the clinical education of nursing students.

The Council on Collegiate Nursing Education intends to establish accreditation standards for D.N.P. programs, and the “D.N.P. Essentials” document will help guide development of standards. The D.N.P. curricula will focus on the core discipline of nursing while including teaching content to prepare students for faculty positions.

The AACN Task Force has been charged with developing the curricular and content requirements for the D.N.P. as well as identifying the competencies to be acquired in a D.N.P.

program. AACN prepared a “D.N.P. Essentials Document” that provides guidance on faculty development activities and will give support to schools dealing with program development, marketing, and related areas in understanding, launching, and advancing D.N.P. programs.

#### The Tao of Nursing Science and the D.N.P. (Dr. Meleis)

Dr. Meleis presented an alternate view of the DNP initiative.

Dr. Meleis reported that more nurse scientists are needed, however questioned the support for the a greater choice of different types of doctoral degrees at this time. There is an increased need for more scientists based on evidence indicating a shortage of scientists, the short research life-span of scientists, and increased competition for increasingly limited research funds. A concern for the D.N.P. is that it is a new name for an already existing program and will create more internal, external and international confusion about educational trajectories in the discipline of nursing and may create inequity in teaching roles.

Dr. Meleis identified the following possible outcomes of D.N.P. education: (1) development of theory-based science related to practice phenomena may be threatened; (2) a further decrease in the number of years nurses devoted to research programs; (3) a decrease in the pool of applicants to Ph.D. program; (4) increased time to complete the Ph.D.; (5) constraints in opportunities for socializing potential scientists and the resulting negative impact on the Ph.D. pipeline; (6) nurse scientists treated as “second-class citizens” within nursing and outside nursing and a potential

disengaging of Ph.D.s from practice; (7) a shift to clinical practice based on practice traditions rather than on evidence; and (8) a disconnect of science from critical clinical questions.

Discussion (in response to both presentations)

Dr. Williams clarified that AACN and others supporting the D.N.P. are not arguing for disconnecting clinical practice from the Ph.D.; rather, they are advocating for a doctoral program that specializes in clinical practice. There was discussion about the impact of the Masters-level programs with the addition of D.N.P. programs.

There was concern expressed that the expansion of D.N.P. programs will lead to the loss of hard-won status of the equity and credibility of Ph.D. nurse scientists among other Ph.D. communities for which research is the common language and competency in a specialized skill set is essential. Erosion of a solid academic base also was cited. Parallel concerns in the fields of medicine and psychology (i.e., regarding the D.O. and Psy.D. degrees), including overpopulation of these alternative degrees, were noted. For example, there is a view that the Psy.D. is an “upgraded M.S.” and that the D.N.P. will undermine the Ph.D. awarded to nurse researchers. Other issues discussed were responses from the medical community (e.g., AMA). There has been no official response from the AMA.

Dr. Grady noted that the expansion of doctoral programs in nursing to include the D.N.P. has been approved and that growth of these programs has been rapid. Dr. Williams replied that a key goal is to ensure consistency across D.N.P. programs and curriculum and to secure accreditation

of these programs. In addition, the programs and their outcomes will be monitored closely. She pointed out that the D.N.P. is not intended to replace the Ph.D. and that the D.N.P. is intended to fill a need to facilitate the training of clinicians with improved and specialized skills for leadership in practice.

## **VI. UPDATE: WORKSHOP ON CULTURAL DYNAMICS IN HIV/AIDS**

### **BIOBEHAVIORAL RESEARCH AMONG YOUNG PEOPLE** (Dr. Munet-Vilaro, Council member)

The Office of Rare Diseases (ORD), Office of AIDS Research (OAR), and Office of Behavioral and Social Science Research (OBSSR) joined NINR in sponsoring this workshop, which was held September 15–16, 2005. Dr. Martha Hare, NIH/NINR, and Dr. Antonia Villarruel, University of Michigan School of Nursing, served as workshop Co-Chairs. Presenters and attendees represented multiple disciplines and diverse cultural backgrounds. The purpose of the workshop was to examine how best to incorporate and integrate an understanding of cultural dynamics in HIV/AIDS behavioral research.

The workshop highlighted the importance that research on culture and the intersection between history and culture can have on the health of subgroups of the population (e.g., direct or historical trauma of genocide or slavery). Research studies need to incorporate community-based participatory strategies into both descriptive and intervention studies.

Another critical area of investigation involves perinatally acquired HIV and disease. The introduction of highly active antiretroviral treatment has been instrumental in the interruption/prevention of transmission of HIV from mother to child. Many perinatally exposed children now are reaching adolescence and young adulthood. Studies of young survivors indicated that the severity of illness is a predictor of HIV-related symptoms and impaired social functioning. Future research on perinatally acquired HIV disease should consider the intersection of culture, human development, and ethics; incorporation of the assessment of posttraumatic stress disorder and its impact on behavior; and the relationship between disclosure and quality of life.

Ongoing research programs need to integrate cultural or traditional values in intervention studies. Constructs and variables that have not been researched include “fluid” sexual identity, the researcher/subject relationship, historical trauma, and structural and societal constraints (e.g., political). Several recommendations for research methodologies and approaches were made. Those attending the workshop suggested that investigators: (1) focus on strategies for developing, disseminating and sustaining interventions; (2) develop and incorporate methods that achieve cultural sensitivity; (3) develop new measurements and test current interventions in a variety of settings; (4) develop more provider-based interventions for prevention; (5) pay attention to subpopulations (e.g., parents originated from native countries/children born in the United States); (6) perform meta-analyses of current research to elucidate commonalities and patterns among diverse cultural groups; and (7) ensure community buy-in, which is critical for successful culturally appropriate research.

**VII. UPDATE: STRATEGIC PLAN** (Dr. Mary Kerr, Deputy Director, NINR, and Dr. Joan Austin, Council member)

A working committee within Council, the Strategic Planning Workgroup, which is chaired by Dr. Kerr, has taken the lead on drafting NINR's Strategic Plan for 2006–2010. Planning for and development of NINR's Strategic Plan for 2006–2010 began in June 2005 with the Strategic Planning Retreat, which served as a brainstorming session. Representatives from the Council, intramural and extramural programs, and outside consultants attended the retreat. The Council Strategic Planning Workgroup met in August to shape the major themes of the first draft of the plan, and in September 2005, proposed themes were discussed with the Council Planning Subcommittee and presented by Dr. Austin at the quarterly Council meeting. The Council Planning Subcommittee has continued to make progress on the plan and has met through monthly teleconferences since September to facilitate this process. After review by Council, the plan will be presented at the National Nursing Research Roundtable annual meeting in March 2006.

Before closing the open session of the NACNR meeting, Dr. Grady reviewed the next steps in moving the Strategic Plan forward. Council members' comments will be incorporated into the draft plan, which will be posted on the NINR web site for public review and comment. An e-mail announcement will be delivered when the draft goes online. The plan also will be presented to the National Nursing Research Roundtable at the annual meeting in March 2006. Comments from the Roundtable will be incorporated and the revised draft will be presented to Council. The final version of NINR's *Strategic Plan for 2006–2010* will be unveiled in conjunction with 20th



Anniversary Celebration events in the fall. Council members may forward additional comments on the proposed plan to Drs. Kerr or Austin.

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Following this presentation and discussion, Dr. Grady thanked participants and attendees for their time and interest and then adjourned the open session of the meeting.

## **CLOSED SESSION**

This portion of the meeting was closed to the public in accordance with the determination that this session was concerned with matters exempt from mandatory disclosure under Sections 552b(c)(4) and 552b(c)(6), Title 5, US Code, and Section 10(d) of the Federal Advisory Committee Act, as amended (5, USC Appendix 2). Members absented themselves from the meeting during discussion of and voting on applications from their own institutions or other applications in which there was a potential conflict of interest, real or apparent. Members were asked to sign a statement to this effect.

## **REVIEW OF APPLICATIONS**

The members of the NACNR considered 72 research and training grant applications on which NINR was the primary Institute; these applications requested a total of \$15,067,498 (direct costs year 01). The Council also considered 139 applications on which another Institute/Center was primary and NINR was secondary; these applications requested a total of \$35,226,112 (direct costs year 01). The Council concurred with the IRG recommendations on these 211 grant applications.

## **ADJOURNMENT**

The 58th meeting of the NACNR was adjourned at 1:00 pm on January 25, 2006.

## **CERTIFICATION**

I hereby certify that the foregoing minutes are accurate and complete.

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Patricia A. Grady, Ph.D., R.N., F.A.A.N.  
Chair  
National Advisory Council for Nursing  
Research

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Mary E. Kerr, Ph.D., R.N., F.A.A.N.  
Executive Secretary  
National Advisory Council for Nursing  
Research

## **MEMBERS PRESENT**

Dr. Patricia A. Grady, Chair  
Dr. Mary Kerr, Executive Secretary  
Dr. Joan Austin  
Dr. Peter Buerhaus  
Dr. Louis Burgio  
Dr. Michael Counte  
Mrs. Rosemary Crisp  
Dr. David Dinges  
Dr. Felicia Hodge  
Ms. James Linn  
Dr. Sandra Millon-Underwood  
Dr. Gary Morrow  
Dr. Frances Munet-Vilaro  
Dr. Sharon Tennstedt  
Dr. Anna Alt-White, *Ex Officio*  
Dr. John Murray, *Ex Officio*

## **MEMBERS OF THE PUBLIC PRESENT**

Ms. Gina Alexander, UVA  
Ms. Katy Balk, JHU/NIH  
Ms. Debbie Campbell, AACN  
Dr. Virginia Carrieri-Kohlman, UCSF  
Ms. Mary Cerny, CSI  
Ms. Anne Cockerham, UVA  
Ms. Nancy Crego, UVA  
Ms. Kathy Haugh, UVA  
Mr. Randy Jones, UVA  
Ms. Anne Letocha, University of Iowa

Ms. Irma Mahoney, UVA  
Ms. Donna Markey, UVA  
Ms. Dawn McKay, UVA  
Dr. Afaf Meleis, University of Pennsylvania  
Ms. Erika Metzler Sawin, UVA  
Ms. Isis Montalvo, ANA  
Ms. Terri Nally, National League for Nurses  
Ms. Christine Newcomer, UVA  
Ms. Vhonani Netshandoa, UVA  
Dr. Barbara Parker, UVA  
Ms. Sherri Rose, UVA  
Dr. Catherine Ruhl, AWHONN  
Ms. Angela Sharpe, Consortium of Social Scientists Association  
Ms. Melissa Sutherland, UVA  
Ms. Shannon Tucker, UVA  
Dr. Claudette Varricchio  
Dr. Carolyn Williams, University of Kentucky

#### **FEDERAL EMPLOYEES PRESENT**

Mr. Brian Albertini, NINR/NIH  
Dr. Nell Armstrong, NINR/NIH  
Dr. Alexis Bakos, NINR/NIH  
Ms. Diane Bernal, NINR/NIH  
Mr. Ray Bingham, NINR/NIH  
Dr. Yvonne Bryan, NINR/NIH  
Dr. Paul Cotton, NINR/NIH  
Ms. Elizabeth Crawford, NINR/NIH  
Dr. Ray Dionne, NINR/NIH  
Ms. Rebecca Erickson, NINR/NIH  
Dr. Jane Fall-Dickson, NINR/NIH  
Ms. Ana Ferreira, NINR/NIH  
Ms. Linda Fitzwater, NINR/NIH  
Dr. John Grason, OD/NIH  
Mr. Lawrence Haller, NINR/NIH  
Dr. Martha Hare, NINR/NIH  
Ms. Renee Harris, NINR/NIH  
Dr. Karen Huss, NINR/NIH  
Dr. Kathy Mann Koepke, NINR/NIH  
Ms. Lora Kutkat, OD/NIH  
Dr. Sue Marden, NINR/NIH  
Ms. Donna Jo McCloskey, NINR/NIH  
Dr. Michele McDonald, NHLBI/NIH  
Dr. Trudy McFarland, CSR/NIH  
Ms. Jacquelyn McKissic, NINR/NIH

Ms. Mary Miers, NINR/NIH  
Ms. Lanny Newman, NINR/NIH  
Dr. Jose Ruiz, NINR/NIH  
Ms. Christian Shaw, NINR/NIH  
Dr. Barbara Smothers, NINR/NIH  
Ms. Allisen Stewart, NINR/NIH  
Dr. Mindy Tinkle, NINR/NIH  
Ms. Renee Walker, NINR/NIH